



Site Monitoring Report of

Summit County
Valley Behavioral Health

Local Authority Contracts #152260 and #152261

Review Dates: March 28th, 2017

Table of Contents

Section One: Site Monitoring Report	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	10
Child, Youth and Family Mental Health.....	11
Adult Mental Health.....	14
Substance Abuse Prevention	17
Substance Abuse Treatment	19
Section Two: Report Information	23
Background	24
Signature Page.....	27

Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Summit County – Valley Behavioral Health (also referred to in this report as Summit - VBH or the Center) on March 28th, 2017. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 1 1 None	7 - 8 8
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	12
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	15 15 - 16
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 4 None	20 - 21

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Summit County – Valley Behavioral Health (Summit - VBH). The Governance and Fiscal Oversight section of the review was conducted on March 14th, 2017 by Chad Carter, Auditor IV and Kyle Larson, Administrative Services Director. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter.

The CPA firm Ulrich & Associates, PC completed an independent audit of Summit County for the year ending December 2015. The auditors issued an unqualified opinion in the Independent Auditor's Report dated June 15th, 2016. The auditors also issued a report focusing on general State compliance requirements. No deficiencies or material weaknesses were identified.

The CPA firm Tanner LLC completed an independent audit of Valley Behavioral Health for the year ending December 2015. The auditors issued an unqualified opinion in the Independent Auditor's Report dated May 31, 2016. A significant deficiency was identified in their review of Federal Awards, see Minor Non-compliance Issue # 1 for more details.

Follow-up from Fiscal Year 2016 Audit:

FY16 Significant Non-compliance Issues:

- 1) *Billings/Controls:* In FY15, Valley Behavioral Health decided not to implement their plan using Mental Health Early Intervention TANF funds. VBH continued to bill for these funds each month without providing the services and were required to repay it. VBH should have stronger financial controls in place to reconcile their billings with actual services provided.

This finding has been resolved. VBH has started a new process where their accounting department meets with operations to reconcile the services provided with the billings for those services. VBH has not had any similar billing issues in FY16.

FY16 Minor Non-compliance Issues:

- 1) *Executive Travel Reimbursements:* Executive travel reimbursements were reviewed to ensure they included proper backup, approval and to ensure that no personal benefit is gained from travel or other expenses per Utah Code Title 62A-15-713-(2)(a). Only two executive travel reimbursements were completed in FY15. One of the packets was missing two receipts and also included another receipt where cash back was taken. The Valley Behavioral Health travel policy was reviewed, which does not specifically prohibit cash back transactions. However, the policy does prohibit specific purchases, such as alcohol. It is not possible to monitor for restricted purchases if cash back transactions are allowed for reimbursement.

This finding has not been resolved and will be continued in FY17; see Significant Non-compliance Issue #1.

FY16 Deficiencies:

- 1) *Incomplete Forms:* A sample of employee files were reviewed to test for current licenses, background checks, training and required forms. Each file contained a code of conduct form that was signed by the employee, but most of the forms reviewed had a section for a supervisor to fill out that was left blank. Summit – VBH should ensure that all forms are completed.

This deficiency has been resolved. All reviewed forms were completed and signed by all parties.

- 2) *Data issues:* A comparison of year-end data that was submitted to the Division and data reported in the Substance Abuse Mental Health Information System (SAMHIS) showed some significant differences. A data meeting is held each year with the site visits between each Local Authority and DSAMH. The data meetings are a good opportunity for Summit – VBH to get technical assistance and to discuss ways to improve data reporting.

This deficiency has been resolved. Year-end data submitted by Summit-VBH has been improved and matched the data submitted in the SAMHIS system in almost every area.

Findings for Fiscal Year 2017 Audit:**FY17 Major Non-compliance Issues:**

None

FY17 Significant Non-compliance Issues:

- 1) *Executive Travel Reimbursements:* Executive travel reimbursements were reviewed for the FY16 time period. Valley Behavioral Health was unable to find backup or documentation for one executive travel reimbursement for \$100.00. This is a repeat finding from the previous year and has been elevated to a Significant Non-compliance Issue. VBH needs to strengthen their travel reimbursement procedures to ensure they always include proper

backup, approval and to ensure that no personal benefit is gained from travel or other expenses per Utah Code Title 62A-15-713-(2)(a).

Center's Response and Corrective Action Plan:

Valley's "Expense Reimbursement" Policy and Procedure requires employees to submit Travel Expenditure Reports with all paid receipts to the Accounts Payable Manager within 10 days of their return, after which the Accounts Payable Manager will reimburse all necessary travel expenses. The Accounts Payable department will review Valley's Policy and Procedures and its documentation filing process to ensure that they have adequate documentation moving forward.

FY17 Minor Non-compliance Issues:

- 1) Valley Behavioral Health was issued a finding in their financial statement audit regarding their billings of Substance Abuse Block Grant funds passed through DSAMH. The audit stated that VBH needs to put policies and procedures in place to ensure that federal grant billings are substantiated by actual expenses. During the site visit review, VBH was asked to justify allocated amounts by using rates that were calculated from their latest approved Medicaid Cost Report and applying those to services reported in their electronic health record system. VBH had some difficulties initially in justifying these amounts. It was later found that their reports were not capturing all of the necessary services, a request was made through their IT department to include them in their reporting and they were able to justify the amounts. This raises the question of what VBH has been doing in the past to justify their monthly billing amounts. This is a repeat finding, it was not elevated to a Significant Non-compliance Issue because they were able to justify their allocated amounts in each category during the site review. However, it is required that VBH justifies each monthly billing throughout the year with adequate documentation of services and expenditures.

Center's Response and Corrective Action Plan:

In order to pull the data requested during the audit, some minor adjustments needed to be made to our service reports, giving us the ability to isolate the data needed to justify costs for some data elements. We were able to show more than adequate costs to justify the contract funding. We can now use those same reports moving forward to justify costs on a monthly basis prior to billing.

FY17 Deficiencies:

None

FY17 Recommendations:

None

FY17 Division Comments:

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. Summit – VBH has monitored access, customer service and ease of accessibility. The results showed that minimum access standards are being met. They found that calls were being answered right

away and that the staff were very friendly and helpful. The results have given them opportunities to improve, including lowered hold times.

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Summit County - Valley Behavioral Health on March 8th & 9th, 2016. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Brenda Chabot, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed Fiscal Year 2016 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance Issues:

- 1) *Youth Served:* The total number of children and youth served by Summit-VBH has decreased since FY09. In FY15, Summit-VBH served 152 children and youth. This is a decrease of 39.2%. There was a small increase from FY14 to FY15 (seven total children served).

This finding has been resolved. Summit-VBH served 237 youth in FY16, a 55% increase from FY15.

- 2) *Psychosocial Rehabilitation Services (PRS):* Summit-VBH provided psychosocial rehabilitation services for only four children and youth during FY15, a rate of 2.6%. The rural and state averages are 15.7% and 16.6%, respectively.

This finding has been resolved. Summit-VBH has served 21 children and youth in the first half of FY17 and is continuing to increase children receiving PRS.

- 3) *Juvenile Civil Commitment:* Summit-VBH needs to strengthen their Juvenile Civil Commitment administrative tracking process to ensure that all requirements are completed within the time frames required by statute.

This finding has been resolved. The Juvenile Civil Commitment paperwork was reviewed during the FY17 site monitoring review and was found to have documentation that supports the proper use of their administrative tracking process.

FY16 Deficiencies:

- 1) *Emergency and In-Home Services:* Summit-VBH is not reporting all of the services they are providing in the Substance Abuse and Mental Health Information System (SAMHIS).

This deficiency has not been fully resolved and is continued in FY17; see Recommendation #2.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) *Objectives:* During the chart review, objectives in five of nine of the charts were vague, lacked meaning for children, youth and families, and were difficult for a child or youth to achieve. Examples include: client “will do family therapy to address his behaviors at home, his anger and his aggression;” and “he will respect family in positive way and not get upset.” Division Directives require that objectives be “measureable, achievable and within a timeframe.”

Center’s Response and Corrective Action Plan:

In July, trainings on SMART goals will begin and then reviewed every month. Internal staff meetings will include continued goal training with a focus on objectives that are measurable, achievable, and within a reasonable time frame. Audits will be conducted at least quarterly to review goal and objective adherence.

- 2) *Youth Outcome Questionnaires:* Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQs were not administered at the rate of at least once every 30 days in five of nine charts reviewed. The Division Directives state “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).”

Center’s Response and Corrective Action Plan:

June trainings of OQ/YOQ system will begin where all staff will be able to go in and close clients in the OQ/YOQ system that are no longer in services. Staff will also be trained in deleting duplicate clients in the OQ/YOQ system. This will reduce numbers, which should increase % of OQ/YOQs being completed.

Front staff will also begin tracking all clients coming in for services and hand out OQ/YOQ measures before each appt, tracking that a minimum of 30 days between each OQ/YOQ is being achieved.

Clinicians will be directed to include discussion of OQ/YOQ or administration of OQ/YOQ in every note and track progress with client in session.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Peer Support Services:* Summit-VBH did not report Peer Support services to SAMHIS during FY16 and only reported one family receiving Peer Support services through the first half of FY17. It is recommended that Summit-VBH report peer support services as needed for the children and youth who are open clients.
- 2) *Emergency Data:* Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are only being reported minimally on the Substance Abuse and Mental Health Information System (SAMHIS). It is important to note that Emergency services has improved but continues to not capture all information.

FY17 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected five family questionnaires, but did not complete a family focus group. Families reported that they are grateful for the services Summit-VBH provides. One family reported that the Family Resource Facilitator (FRF) “gave me hope and improved my life ability and my family” while others mentioned how thankful they were for the FRF services.
- 2) *Wraparound and Family Resource Facilitation:* Summit-VBH provides High Fidelity Wraparound as defined by the UFC during FY17. The Family feedback questionnaire indicated that all of the family’s children had crises/safety plans and participated in the development of them. All shared that their families’ FRF provided them with information and resources such as support groups, advocacy, and help with problems. The families are appreciative of a therapist whom speaks Spanish and would like more.
- 3) *School-Based Services:* Summit-VBH provides school-based behavioral health (SBBH) services in each school in the catchment area. For FY16 they served 61 client in school-based services, 18 more than FY15. They serve children in the following school districts: Park City, South Summit, and North Summit, totaling 18 schools.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Summit County - Valley Behavioral Health on March 28th, 2017. The team included Pam Bennett, Adult Mental Health Program Administrator, LeAnne Huff, Adult Mental Health Program Manager and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors, management teams and staff, record reviews, interviews with individuals in treatment, and site visits to the administrative office and the Christian Center. During the discussions, the team reviewed the FY16 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

FY16 Significant Non-compliance Issues:

- 1) *Failure to Provide Adequate Mandated Outpatient Services and Report Data:* This includes community inpatient services, psychosocial rehabilitation (PRS), case management, services to incarcerated individuals and crisis services.

This finding has been partially resolved and will be continued in FY17; see Deficiency #1. The FY16 Mental Health scorecard has the corrected reporting of services to incarcerated individuals and crisis services. The FY16 scorecard also indicates that PRS and case management services have increased. However, the service averages continue to be lower than the state rural averages.

- 2) *Consumer Satisfaction Surveys:* Summit-VBH had a 6.6% sample collection rate for the FY15 Adult Mental Health Satisfaction Surveys, which does not meet Division Guidelines. This is a shared finding with Substance Abuse Treatment.

This finding has been resolved. Summit-VBH had a 43.3% sample collection rate for the FY16 Adult Mental Health Satisfaction Surveys.

FY16 Deficiencies:

- 1) *Documentation Issues:* Five of 10 charts did not have measurable goals and objectives. The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress.

This finding has been resolved. A review of charts demonstrated documented clear and measurable objectives.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) *Outcome Questionnaire (OQ) Administration/Use as an Intervention:* Division Directives require that OQ administration be at 50% and FY16 score card shows the Summit-VBH rate has dropped to 48.0%. In addition, the Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart. The use of the OQ as an intervention was evident in only two of the eight charts reviewed. Appropriate use of the OQ as an intervention has been demonstrated to improve treatment outcomes.

Center's Response and Corrective Action Plan:

June trainings of OQ/YOQ system will begin where all staff will be able to go in and close clients in the OQ/YOQ system that are no longer in services. Staff will also be trained in deleting duplicate clients in the OQ/YOQ system. This will reduce numbers, which should increase % of OQ/YOQs being completed.

Front staff will also begin tracking all clients coming in for services and hand out OQ/YOQ measures before each appt, tracking that a minimum of 30 days between each OQ/YOQ is being achieved.

Clinicians will be directed to include discussion of OQ/YOQ or administration of OQ/YOQ in every note and track progress with client in session.

FY17 Deficiencies:

- 1) *Failure to Provide Adequate Mandated Outpatient Services:* This finding is continued from FY16. It has been dropped to a Deficiency as data reporting issues have been resolved. According to the FY16 Mental Health Scorecard, Summit-VBH continues to provide case management (CM) (15.5%; rural average-23.7%), psychosocial rehabilitation (PSR) (6.3%; rural average-12%) and peer support services (PSS) (0.8%; rural average-4.4%) at levels below the rural state averages. It is noted that these services have increased between FY15 and FY16, and increased further between FY16 and FY17 year-to-date. In addition, Summit-VBH provides a significant amount of CM at the jail and is increasing PSS to individuals with co-occurring substance use and mental health disorders. DSAMH encourages the continued expansion of these services to meet state rural averages, including provision of CM to those who are not incarcerated and PSS to mental health clients.

Center's Response and Corrective Action Plan:

This deficiency was originally addressed by hiring an additional full-time case manager, a peer support specialist, and a part-time case manager moved to full-time. The current VBH-data reflects an increase in CM, PRS, and PSS services to mental health clients as well as to clients with co-occurring substance use and mental health disorders. Current data, reviewed by the state

shows:

The FY2016 numbers for PSR and CM (23 and 57 respectively) are off the scorecard.

The numbers for the year to date (end of March, 2017) include Adults (**no jail**) are PSR (32) and CM (74).

FY17 Recommendations:

None

FY17 Division Comments:

- 1) *Peer Support Services:* DSAMH recognizes and appreciates Summit-VBH's commitment to hiring a certified peer support specialist (CPSS). The new CPSS is working collaboratively with individuals with co-occurring addiction and mental health issues. The CPSS worker has formed a positive working relationship with the Summit County Jail and is providing moral reconnection therapy (MRT), recovery-focused programming, and one-on-one peer support. In addition to providing support in the jails and outpatient services, the CPSS worker meets with Drug Court clients and county probationers to provide recovery support services.
- 2) *Christian Center of Park City (CCPC):* DSAMH appreciates the positive working relationship created with Summit-VBH and the Christian Center in Summit County. CCPC is a non-profit humanitarian community resource center that partners with other community agencies such as Summit-VBH to provide individuals with basic needs, care, support and hope. The CCPC has a food bank and thrift store located within the center. They provide counseling both inside and outside Summit County. The CCPC also recruits volunteers to help them serve their mission.
- 3) *Summit County Mental Health Survey and Report:* DSAMH commends Summit-VBH for the close relationship with the Summit Department of Health. This partnership resulted in a thorough needs assessment and strategic planning directives, released as a report in October 2016. Strategic directives include addressing gaps and barriers in behavioral health services including education and awareness, capacity and access, coordination of treatment, community partnerships and funding.
- 4) *Feedback from Individuals in Treatment:* Consumers met with Pam Bennett, Adult Mental Health Program Administrator. They reported receiving a variety of services including treatment and recovery supports. Individuals stated that they created treatment goals that were meaningful for them, that they were making progress toward those goals, and that they had been able to update goals to meet current needs and challenges. They felt that services through Summit-VBH had improved their quality of life – “I wouldn’t be here without Valley”, “My therapist is always there for me”, “I’m doing better than I ever thought I would”.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Summit County - Valley Behavioral Health on February 21st, 2017. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2016 Audit

No findings were issued in FY16.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) It is recommended that Summit-VBH increase the capacity of agency staff and community coalition members by supporting attendance to Substance Abuse Prevention Skills Training, the Coalition Summit, Utah Fall Substance Abuse Conference, and or national conferences such as CADCA or National Prevention Network.
- 2) It is recommended that Summit-VBH continue to build capacity and work with additional communities in Summit County to build effective coalitions.

FY17 Division Comments:

- 1) Summit-VBH has seen changes in the community. There is more community involvement and desire to implement prevention throughout the county.
- 2) Summit-VBH now participates on two coalitions; Park City Coalition and Summit County Strategic Planning Group.

- 3) Summit County had an increase in the number of Eliminating Alcohol Sales to Youth from 83 checks in FY15 to 115 checks in FY16. The compliance rate (rate of successful, no youth purchases) was 92%.

Substance Abuse Treatment

Christine Simonette, Program Manager and Thomas Dunford, Program Manager, conducted the review of Summit County - Valley Behavioral Health Substance Use Disorders Treatment Program on March 28th, 2017, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements.

Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for Opiate Use, Year-end reports, suicide rates, and Driving Under the Influence (*DUI*) rates in Summit County.

Follow-up from Fiscal Year 2016 Audit

FY16 Significant Non-Compliance issues:

1) The FY15 Utah Outcomes Data Measures Scorecard shows:

- a) In FY15, the percent of client employed from admission to discharge was at 10.2%, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #1c.

- b) The percent of clients completing a treatment episode successfully decreased from 58.3% to 48.7% from FY14 to FY15 respectively, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #1d.

2) The FY15 Utah Consumer Satisfaction Survey Report shows:

- a) The percent of Adult Consumer Satisfaction Surveys collected was 7.9%, which is below the required collection rate of 10% outlined by Division Directives.
- b) The Percent of Youth Satisfaction Surveys collected was 4.5%, which is below the required collection rate of 10% outlined by Division Directives.

This issue has been resolved. Summit County raised their customer satisfaction in Adult satisfaction from 7.9% to 19.8% and Youth satisfaction from 4.5% to 35.3%, which both meet the standard set by the division.

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) The FY16 Utah Outcomes Data Measures Scorecard shows:
 - a) The percent increase in those reporting other drug abstinence from admission to discharge went from 45.1% to 23.8%, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

April training of SUD Admission and Discharge data was conducted with all staff. Additional July training and September trainings are also planned to continue to review correct submission of SUD data. VBH-Summit will continue to work with R.O. staff for internal audits reviewing SUD admission and discharge data from DSAMH so changes in data collection can be updated ongoing, instead of at the end of each fiscal year.

- b) The percent of clients using tobacco products from admission to discharge went from 3.9% to -1.6% in the fiscal year, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

April training of SUD Admission and Discharge data was conducted with all staff. Additional July training and September trainings are also planned to continue to review correct submission of SUD data. VBH-Summit will continue to work with R.O. staff for internal audits reviewing SUD admission and discharge data from DSAMH so changes in data collection can be updated ongoing, instead of at the end of each fiscal year.

- c) In FY16, the percent of client employed from admission to discharge increased from 10.2% to -33.2%, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

April training of SUD Admission and Discharge data was conducted with all staff. Additional July training and September trainings are also planned to continue to review correct submission of SUD data. VBH-Summit will continue to work with R.O. staff for internal audits reviewing SUD admission and discharge data from DSAMH so changes in data collection can be updated ongoing, instead of at the end of each fiscal year.

- d) The percent of clients completing a treatment episode successfully decreased from 49.7% to 40.5% from FY15 to FY16 respectively, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

April training of SUD Admission and Discharge data was conducted with all staff. Additional July training and September trainings are also planned to continue to review correct submission of SUD data. VBH-Summit will continue to work with R.O. staff for internal audits reviewing SUD admission and discharge data from DSAMH so changes in data collection can be updated ongoing, instead of at the end of each fiscal year.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Additional group suggestion:* Summit-VBH offers a wide variety of groups, especially for women dealing with trauma. A course being offered by DSAMH, Helping Men Recover, would be a recommended training for staff to address men who are victims of trauma, as well. DSAMH will also be offering a 4 day course.
<http://www.stephaniecovington.com/helping-men-recover-a-program-for-treating-addiction1.php>
- 2) *The National Alliance for Buprenorphine Treatment (NAABT):* DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. One excellent resource that could be distributed to staff can be found at:
https://www.naabt.org/documents/NAABT_Language.pdf. Another excellent resource can be found online at: <https://www.whitehouse.gov/ondcp/changing-the-language-draft>. DSAMH is available to provide technical assistance upon request.
- 3) *Court Compelled:* Summit-VBH may not be capturing all the individuals that are court compelled in their data. It is recommended a process be developed to ensure that “compelled” individuals are identified and charts are modified to reflect the corrected information as quickly as possible with everyone who presents for SUD treatment.
- 4) *County Probation Officers:* It is recommended that Summit-VBH encourage the county probations offices to attend case management training and possibly receive certification as case managers to increase their effectiveness.

FY17 Division Comments:

- 1) Summit -VBH is very active in their community, collaborating with many agencies in the county to meet all services needed by the population. There are many groups offered to assist clients with meeting their goals.
- 2) Summit -VBH has improved their intake of client satisfaction surveys.

- 3) The staff at Summit -VBH work very well together with many collaborating to make sure clients are receiving great wrap around care.
- 4) Summit -VBH was instrumental in helping the county create two new probation officer positions in the sheriff's office. This helpful increase in service to help individuals in the Justice Court has improve successful outcomes.
- 5) Summit -VBH provides several helpful supports to the jail including case management, recovery services and life skill training.
- 6) Summit -VBH has an active JRI implementation committee that meets monthly and consists of all key local partners.
- 7) Summit -VBH is actively assessing for and providing Medication Assisted Treatment (MAT) including Suboxone, Antibuse, Vivitrol, and Naloxone.
- 8) Summit -VBH has a close relationship with the Department of Health and has capitalized on the combined efforts to improve services to clients.
- 9) Summit -VBH has hired a MH/SUD Coordinator who is in the process of conducting a service needs assessment for the Coalville and Kamas sites.
- 10) Summit -VBH provides peer support and case management for drug court and SUD clients.
- 11) Summit -VBH is highly sensitive to the non-English speaking segment of their community and offices most services and written materials in Spanish.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Summit County – Valley Behavioral Health and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter
Auditor IV



Date July 10, 2017

Approved by:

Kyle Larson
Administrative Services Director



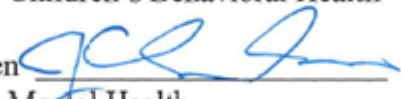
Date July 10, 2017

Ruth Wilson
Assistant Director Children's Behavioral Health



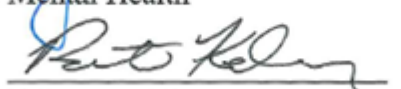
Date July 10, 2017

Jeremy Christensen
Assistant Director Mental Health



Date July 10, 2017

Brent Kelsey
Assistant Director Substance Abuse



Date July 10, 2017

Doug Thomas
Division Director



Date July 10, 2017